

IN THE UNITED STATES DISTRICT COURT  
FOR THE WESTERN DISTRICT OF TEXAS  
WACO DIVISION

Form To Be Used By A Prisoner in Filing a Complaint  
Under the Civil Rights Act, 42 U.S.C. § 1983

HUMBERTO H. GOMEZ #02057999

Plaintiff's name and ID Number

TDCJ-1D HUGHES UNIT

Place of Confinement

GARZA WEST UTMB HEALTH PROVIDERS

v. GARZA WEST  
4250 HIGHWAY 202  
BEEVILLE, TX 78102

Defendant's name and address

GARZA EAST  
4304 HIGHWAY 202  
BEEVILLE, TX 78102

UTMB HEALTH PROVIDERS

Defendant's name and address

MCCONNELL UNIT  
3001 S. EMILY DRIVE  
BEEVILLE, TX 78102

UTMB HEALTH PROVIDERS

Defendant's name and address

(DO NOT USE "ET AL.")

CASE NO:

W18CA019

(Clerk will assign the number)

**INSTRUCTIONS - READ CAREFULLY**

**NOTICE:**

**Your complaint is subject to dismissal unless it conforms to these instructions and this form.**

1. To start an action you must file an original and one copy of your complaint with the court. You should keep a copy of the complaint for your own records.
2. Your complaint must be legibly handwritten in ink, or typewritten. You, the plaintiff, must sign and declare under penalty of perjury that the facts are correct. If you need additional space, **DO NOT USE THE REVERSE SIDE OR BACK SIDE OF ANY PAGE.** ATTACH AN ADDITIONAL BLANK PAGE AND WRITE ON IT.
3. You must file a separate complaint for each claim you have unless the various claims are all related to the same incident or issue or are all against the same defendant, Rule 18, Federal Rules of Civil Procedure. Make a short and plain statement of your claim, Rule 8, Federal Rules of Civil Procedure.
4. When these forms are completed, mail the original and one copy to the Clerk of the United States Court for the appropriate District of Texas in the Division where one or more named defendants are located, or where the incident giving rise to your claim for relief occurred. The list labeled as "VENUE LIST" is posted in your unit law library. It is a list of Texas prison units indicating the appropriate District Court, the Division and an address of the Divisional Clerks.

## FILING FEE AND IN FORMA PAUPERIS

1. In order for your complaint to be filed, it must be accompanied by the filing fee of **\$350.00**.
2. If you do not have the necessary funds to pay the filing fee in full at this time, you may request permission to proceed *in forma pauperis*. In this event you must complete the application to proceed *in forma pauperis* (IFP), setting forth the information to establish your inability to prepay the fees and costs or give security therefore. You must also include a six (6) month history of your Inmate Trust Account. You can acquire the application to proceed IFP and appropriate Inmate Account Certificate from the law library at your prison unit.
3. 28 U.S.C. 1915, as amended by the Prison Litigation Reform Act of 1995 (PLRA), provides, "...if a prisoner brings a civil action or files and appeal *in forma pauperis*, the prisoner shall be required to pay the full amount of a filing fee." Thus, the Court is required to assess and, when funds exist, collect, the entire filing fee or an initial partial filing fee and monthly installments until the entire amount of the filing fee has been paid by the prisoner. If you submit the application to proceed *in forma pauperis*, the Court will apply 28 U.S.C. 1915 and, if appropriate, assess and collect the entire filing fee or an initial partial filing fee, then monthly installments from your Inmate Account, until the entire **\$350** filing fee has been paid.
4. If you intend to seek *in forma pauperis* status, then do not send your complaint without an Application to Proceed IFP, and the Certificate of Inmate Trust Account. Complete all the essential paperwork before submitting it to the Court.

## CHANGE OF ADDRESS

It is your responsibility to inform the Court of any change of address and its effective date. Such notice should be marked "**NOTICE TO THE COURT OF CHANGE OF ADDRESS**" and shall not include any motions(s) for any other relief. Failure to file a NOTICE TO THE COURT OF CHANGE OF ADDRESS may result in the dismissal of your complaint pursuant to Rule 41(b), Federal Rules of Civil Procedures.

### I. PREVIOUS LAWSUITS:

- A. Have you filed any other lawsuits in the state or federal court relating to imprisonment? \_\_\_\_\_ YES  NO
- B. If your answer to "A" is yes, describe each lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, giving the same information.)
  1. Approximate date of filing lawsuit: \_\_\_\_\_
  2. Parties to previous lawsuit:  
Plaintiff(s): \_\_\_\_\_
  - Defendant(s): \_\_\_\_\_
  3. Court (If federal, name the district; if state, name the county) \_\_\_\_\_
  4. Docket Number: \_\_\_\_\_
  5. Name of judge to whom case was assigned: \_\_\_\_\_
  6. Disposition: (Was the case dismissed, appealed, still pending?)  
\_\_\_\_\_
7. Approximate date of disposition: \_\_\_\_\_

**II. PLACE OF PRESENT CONFINEMENT:** T.D.C.J - 1D HUGHES UNIT

**III. EXHAUSTION OF GRIEVANCE PROCEDURES:**

Have you exhausted both steps of the grievance procedure in this institution?  YES  NO

Attach a copy of the Step 2 grievance with the response supplied by the prison system.

**IV. PARTIES TO THE SUIT:**

HUGHES UNIT  
3201 FM 929  
GATESVILLE, TX 76597

A. Name of address of plaintiff: \_\_\_\_\_

B. Full name of each defendant, his official position, his place of employment, and his full mailing address.

Defendant #1: GARZA WEST UNIT U.T.M.B. HEALTH PROVIDERS

GARZA WEST  
4250 HIGHWAY 202  
BEEVILLE, TX 78102

Briefly describe the act(s) or omission(s) of this defendant, which you claimed harmed you.

DELIBERATE INDIFFERENCE TO MY MEDICAL NEEDS.

Defendant #2: GARZA EAST UNIT U.T.M.B. HEALTH PROVIDERS

GARZA EAST  
4304 HIGHWAY 202  
BEEVILLE, TX 78102

Briefly describe the act(s) or omission(s) of this defendant, which you claimed harmed you.

DELIBERATE INDIFFERENCE TO MY MEDICAL NEEDS.

Defendant #3: MCCONNELL UNIT U.T.M.B. HEALTH PROVIDERS.

MCCONNELL UNIT  
3001 S. EMILY DR.  
BEEVILLE, TX 78102

Briefly describe the act(s) or omission(s) of this defendant, which you claimed harmed you.

DELIBERATE INDIFFERENCE TO MY MEDICAL NEEDS.

Defendant #4: HUGHES UNIT U.T.M.B. HEALTH PROVIDERS

HUGHES UNIT  
3201 FM 929  
GATESVILLE, TX

76597

Briefly describe the act(s) or omission(s) of this defendant, which you claimed harmed you.

DELIBERATE INDIFFERENCE TO MY MEDICAL NEEDS.

Defendant #5: \_\_\_\_\_

Briefly describe the act(s) or omission(s) of this defendant, which you claimed harmed you.

**V. STATEMENT OF CLAIM:**

State here in a short and plain statement the facts of your case, that is, what happened, where did it happen, when did it happen, and who was involved. Describe how each defendant is involved. You need not give any legal argument or cite any cases of statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach extra pages if necessary, but remember that the complaint must be stated briefly and concisely. IF YOU VIOLATE THIS RULE, THE COURT MAY STRIKE YOUR COMPLAINT.

# 1 ON THE DAY OF APRIL 19, 2016, I WAS ASSIGNED TO AND RESIDED AT THE GARZA WEST UNIT, LOCATED IN BEEVILLE, TX. UPON ARRIVAL TO THE GARZA WEST UNIT I INFORMED UTMB HEALTH PROVIDERS OF AN ON-GOING HEALTH CONDITION, WHICH INVOLVED SEVERE ABDOMINAL PAIN AND RECTAL BLEEDING.  
WHILE I RESIDED AT THE GARZA WEST UNIT I CONTINUED TO SUFFER FROM THESE MEDICAL CONDITIONS.  
IN RESPONSE TO MY REPEATED COMPLAINTS OF THESE HEALTH PROBLEMS, UTMB HEALTH PROVIDERS, DID NOT PROPERLY TREAT, DID NOT INVESTIGATE THE CAUSE OF MY MEDICAL CONDITIONS, DID NOT SEND ME TO A GI SPECIALIST, AND FAILED TO MAKE FURTHER INQUIRIES ABOUT MY M→

**VI. RELIEF:** State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

INJUNCTION TO BE SEEN BY A GI SPECIALIST AS SOON AS POSSIBLE AND MONETARY COMPENSATION FOR THE SUM OF 200,000; FOR PAIN AND SUFFERING AND EMOTIONAL DISTRESS.

**VII. GENERAL BACKGROUND INFORMATION:**

- A. State, in complete form, all names you have ever used or been known by including any and all aliases:

HUMBERTO H. GOMEZ

- B. List all TDCJ-ID identification numbers you have ever been assigned and all other state or federal prison or FBI numbers ever assigned to you, if know to you.

TDCJ-ID 1543952 AND 02057999

FEDERAL ID # 076609379

**VIII. SANCTIONS:**

- A. Have you been sanctioned by any court as a result of any lawsuit you have filed? YES  NO
- B. If your answer is "yes", give the following information for every lawsuit in which sanctions were imposed. (If more than one, use another piece of paper and answer the same questions.)
1. Court that imposed sanctions (If federal, give district and division): U.S. DISTRICT COURT FOR THE SOUTHERN DISTRICT OF TEXAS
  2. Case Number: 15-cv-00019-ADA
  3. Approximate date sanctions were imposed: 1/23/18
  4. Have the sanctions been lifted or otherwise satisfied? YES NO

EDICAL RECORDS FROM PRIOR PLACEMENT OF INCARCERATION.

#2 ON THE DAY OF MAY 29, 2016, I WAS ASSIGNED TO AND RESIDED AT THE GARZA EAST UNIT, LOCATED IN BEEVILLE, TX.

WHILE I RESIDED AT THE GARZA EAST UNIT I CONTINUED TO SUFFER FROM THESE MEDICAL CONDITIONS.

IN RESPONSE TO MY REPEATED COMPLAINTS OF THESE HEALTHS PROBLEMS, U.T.M.B HEALTH PROVIDERS, DID NOT PROPERLY TREAT ME, DID NOT INVESTIGATE THE CAUSE OF MY MEDICAL CONDITIONS, DID NOT SEND ME TO A GI SPECIALIST, AND FAILED TO MAKE FURTHER INQUIRIES ABOUT MY MEDICAL RECORDS FROM PRIOR PLACEMENT OF INCARCERATION.

#3 ON THE DAY OF JULY 26, 2016, I WAS ASSIGNED TO AND RESIDED AT THE MCCONNELL UNIT, LOCATED IN BEEVILLE, TX.

WHILE I RESIDED AT THE MCCONNELL UNIT I CONTINUED TO SUFFER FROM THESE HEALTH PROBLEMS.

IN RESPONSE TO MY REPEATED COMPLAINTS OF THESE MEDICAL ISSUES, U.T.M.B HEALTH PROVIDERS, DID NOT PROPERLY TREAT M-E, DID NOT INVESTIGATE THE CAUSE OF MY MEDICAL CONDITIONS, AND FAILED TO SEND ME TO A GI SPECIALIST AFTER THE FACT THAT I HAD ALREADY BEEN REFERRED BY A DOCTOR AND INTERVIEWED BY THE SPECIALIST ON NO. 20.16.

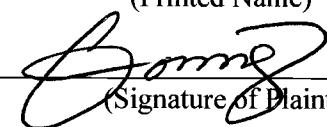
#4 ON THE DAY OF JUNE 13, 2017, I WAS ASSIGNED TO AND RESIDED AT THE HUGHES UNIT, LOCATED IN GATESVILLE, TX.

WHILE I RESIDED AT THE HUGHES UNIT I CONTINUED TO SUFFER FROM THESE MEDICAL CONDITIONS.

IN RESPONSE TO MY REPEATED COMPLAINTS OF THESE HEALTH PROBLEMS, U.T.M.B HEALTH PROVIDERS, DID NOT PROPERLY TREAT M-E, DID NOT INVESTIGATE THE CAUSE OF MY MEDICAL CONDITIONS, AND TILL THIS DAY HAVE REPEATEDLY DALAYED ME FROM SEEING A GI SPECIALIST.

- C. Has any court ever warned or notified you that sanctions could be imposed? YES  NO
- D. If your answer is "yes", give the following information for every lawsuit in which warning was imposed. (If more than one, use another piece of paper and answer the same questions.)
1. Court that imposed warning (if federal, give the district and division): \_\_\_\_\_
  2. Case number: \_\_\_\_\_
  3. Approximate date warning were imposed: \_\_\_\_\_

Executed on: \_\_\_\_\_  
(Date)

HUMBERTO H. GOMEZ  
(Printed Name)  
  
(Signature of Plaintiff)

### PLAINTIFF'S DECLARATIONS

1. I declare under penalty of perjury all facts presented in this complaint and attachment thereto are true and correct.
2. I understand if I am released or transferred, it is my responsibility to keep the Court informed of my current mailing address and failure to do so may result in the dismissal of this lawsuit.
3. I understand that I must exhaust all available administrative remedies prior to filing this lawsuit.
4. I understand I am prohibited from bringing an *in forma pauperis* lawsuit if I have brought three or more civil actions in a Court of the United States while incarcerated or detained in any facility, which lawsuits are dismissed on the ground they were frivolous, malicious, or failed to state a claim upon which relief may be granted, unless I am under imminent danger or serious physical injury.
5. I understand even if I am allowed to proceed without prepayment of costs, I am responsible for the entire \$350 filing fee and costs assessed by the Court, which shall be deducted in accordance with the law from the inmate account by my custodian until the filing fee is paid.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.  
(Day) (Month) (Year)

HUMBERTO H. GOMEZ  
(Printed Name)  
  
(Signature of Plaintiff)

**WARNING: The Plaintiff is hereby advised any false or deliberately misleading information provided in response to the following questions will result in the imposition of sanctions. The sanctions the Court may impose include, but are not limited to monetary sanctions and/or the dismissal of this action with prejudice.**



125736  
JH/HG

Texas Department of Criminal Justice  
**STEP 2 OFFENDER GRIEVANCE FORM**

Offender Name: Bonner J. H. TDCJ # 02057999

Unit: AH Housing Assignment: 12-B-80

Unit where incident occurred: AH

<b>OFFICE USE ONLY</b>	
Grievance #:	<u>2017 1704471</u>
UGI Recd Date:	<u>SEP 14 2017</u>
HQ Recd Date:	<u>SEP 21 2017</u>
Date Due:	<u>10-28</u>
Grievance Code:	<u>684</u>
Investigator ID#:	
Extension Date:	

You must attach the completed Step 1 Grievance that has been signed by the Warden for your Step 2 appeal to be accepted. You may not appeal to Step 2 with a Step 1 that has been returned unprocessed.

Give reason for appeal (Be Specific). I am dissatisfied with the response at Step 1 because...

I am dissatisfied with the step 1 response due to the fact that even though my allegations were substantiated no action was taken to provide me with the appropriate medical attention requested, and there was no justification for the 11 month delay to see the specialist after the fact that, I had already been interviewed by the specialist on the month of October, 2016. If, and only if, an appropriate investigation was conducted, a review of my medical records would have not only shown the neglectful acts by P.T.M.B personnel, but would have also brought to light the fact that my complaint of this nature has been in existence for an extended period of time. Therefore, I believe that the deterioration of m-

*Condition should have been Carefully Considered so reasonable measures could be taken.*

Offender Signature: *Bonny*

Date: 9-1-17

Grievance Response:

In your Step 1 medical grievance, you stated you have been denied appropriate medical attention for your abdominal pain and rectal bleeding. You are requesting to receive immediate medical attention.

Review of the health record and the Electronic Privacy Information Center (EPIC) medical record reveals documentation to support the response at Step 1. Further review shows you were seen by the telehealth provider on 08/24/2017. The provider ordered and has scheduled you for an endoscopy and colonoscopy procedure for October 2017. You were seen by the provider on 09/11/2017 and received orders for lactulose and carbamazepine at that time. You were sent to the community based Emergency Department after you swallowed razor blades. It was noted 2 foreign objects were seen on x-ray with no perforation or obstruction were noted. You were cleared for Crisis Management at that time. Please be advised that swallowing foreign objects does not expedite your medical treatment, it only compounds whatever abdominal problems you already had and makes treatment of your issues more complicated.

You may submit a Sick Call Request to the medical department if you feel your condition has changed.

**STEP II MEDICAL GRIEVANCE PROGRAM  
OFFICE OF PROFESSIONAL STANDARDS**

Signature Authority: TDCJ HEALTH SERVICES DIVISION

Date: 9/17/2017

Returned because: \*Resubmit this form when corrections are made.

- 1. Grievable time period has expired.
- 2. Illegible/Incomprehensible.\*
- 3. Originals not submitted.\*
- 4. Inappropriate/Excessive attachments.\*
- 5. Malicious use of vulgar, indecent, or physically threatening language.
- 6. Inappropriate.\*

CGO Staff Signature: \_\_\_\_\_

*Signature Placeholder**Signature Placeholder**Signature Placeholder**Signature Placeholder*

I-128 Back (Revised 11-2010)

**OFFICE USE ONLY**

Initial Submission

CGO Initials: \_\_\_\_\_

Date UGI Recd: \_\_\_\_\_

Date CGO Recd: \_\_\_\_\_

(check one)  Screened  Improperly Submitted

Comments: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_

2<sup>nd</sup> Submission

CGO Initials: \_\_\_\_\_

Date UGI Recd: \_\_\_\_\_

Date CGO Recd: \_\_\_\_\_

(check one)  Screened  Improperly Submitted

Comments: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_

3<sup>rd</sup> Submission

CGO Initials: \_\_\_\_\_

Date UGI Recd: \_\_\_\_\_

Date CGO Recd: \_\_\_\_\_

(check one)  Screened  Improperly Submitted

Comments: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_

**Appendix G**



## Texas Department of Criminal Justice

**STEP 1**      **OFFENDER**  
**GRIEVANCE FORM**
Offender Name: James, Humberto TDCJ # 02057999Unit: AH      Housing Assignment: 12B-8DUnit where incident occurred: AH**OFFICE USE ONLY**Grievance #: 2017170471Date Received: 7-12-17Date Due: 8/26/17Grievance Code: 624Investigator ID #: 10353

Extension Date: \_\_\_\_\_

Date Retd to Offender: AUG 29 2017

You must try to resolve your problem with a staff member before you submit a formal complaint. The only exception is when appealing the results of a disciplinary hearing.

Who did you talk to (name, title)? Medical Dept. When? 7.16.17What was their response? That I needed to keep waiting.What action was taken? NONE

State your grievance in the space provided. Please state who, what, when, where and the disciplinary case number if appropriate

I have a medical Condition that has not been given the appropriate attention required. The nature of this medical Condition, is, severe abdominal pain and excessive bleeding from the rectum. It has been almost one year since I was interviewed by the G.I specialist whom, at that point, advised me that I would be seen soon, and yet I have not been seen. Since then my Condition has worsened and I have suffered every single day. The pain has been insufferable that I can hardly eat or sleep. I was informed by the medical department that I had to be referred again because someone down the line forgot to set an appointment. This is not right. I have been greatly affected and have continued to be affected for the si-

~~Impose irresponsibility of medical personnel.~~

Action Requested to resolve your Complaint.

*Immediate medical attention.*

Offender Signature:

*Gomez*

Date: 7-6-17

Grievance Response:

Substantiated. You are correct. You were scheduled to be seen on Telehealth GI Clinic on 7/26/17. This appointment was closed as a no-show but there is no documentation why you weren't brought to Telehealth. You were seen in the Freeworld ER on 8/15/17. Mr. Togo gave you an expedited referral to the GI specialist who you saw on 8/24/17.

*T. Smith RN CNM  
8-29-17*

Signature Authority:

*Leia Smith*

T. Smith RN CNM

Date: 8/28/17

If you are dissatisfied with the Step 1 response, you may submit a Step 2 (I-128) to the Unit Grievance Investigator within 15 days from the date of the Step 1 response. State the reason for appeal on the Step 2 Form.

Returned because: \*Resubmit this form when the corrections are made.

- 1. Grievable time period has expired.
- 2. Submission in excess of 1 every 7 days. \*
- 3. Originals not submitted. \*
- 4. Inappropriate/Excessive attachments. \*
- 5. No documented attempt at informal resolution. \*
- 6. No requested relief is stated. \*
- 7. Malicious use of vulgar, indecent, or physically threatening language. \*
- 8. The issue presented is not grievable.
- 9. Redundant. Refer to grievance # \_\_\_\_\_
- 10. Illegible/Incomprehensible. \*
- 11. Inappropriate. \*

UGI Printed Name/Signature: \_\_\_\_\_

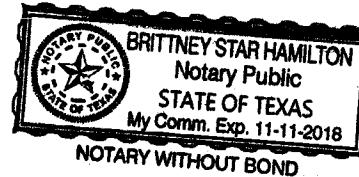
Application of the screening criteria for this grievance is not expected to adversely Affect the offender's health.

Medical Signature Authority: \_\_\_\_\_

I-127 Back (Revised 11-2010)

<b>OFFICE USE ONLY</b>	
Initial Submission	UGI Initials: _____
Grievance #:	_____
Screening Criteria Used:	_____
Date Recd from Offender:	_____
Date Returned to Offender:	_____
<b>2<sup>nd</sup> Submission</b>	UGI Initials: _____
Grievance #:	_____
Screening Criteria Used:	_____
Date Recd from Offender:	_____
Date Returned to Offender:	_____
<b>3<sup>rd</sup> Submission</b>	UGI Initials: _____
Grievance #:	_____
Screening Criteria Used:	_____
Date Recd from Offender:	_____
Date Returned to Offender:	_____

CSINIB02/CINIB02 TEXAS DEPARTMENT OF CRIMINAL JUSTICE 01/17/18  
 1MJP/BHA9479 IN-FORMA-PAUPERIS DATA 11:53:43  
 TDCJ#: 02057999 SID#: 06672994 LOCATION: ALFRED HUGHES INDIGENT DTE: 02/09/17  
 NAME: GOMEZ, HUMBERTO HILARIO BEGINNING PERIOD: 07/01/17  
 PREVIOUS TDCJ NUMBERS: 01543952  
 CURRENT BAL: 83.23 TOT HOLD AMT: 554.76 3MTH TOT DEP: 0.00  
 6MTH DEP: 0.00 6MTH AVG BAL: 153.38 6MTH AVG DEP: 0.00  
 MONTH HIGHEST BALANCE TOTAL DEPOSITS MONTH HIGHEST BALANCE TOTAL DEPOSITS  
 12/17 153.38 0.00 09/17 153.38 0.00  
 11/17 153.38 0.00 08/17 153.38 0.00  
 10/17 153.38 0.00 07/17 153.38 0.00  
 PROCESS DATE HOLD AMOUNT HOLD DESCRIPTION



STATE OF TEXAS COUNTY OF Coryell  
 ON THIS THE 18 DAY OF January, 18 I CERTIFY THAT THIS DOCUMENT IS A TRUE  
 COMPLETE, AND UNALTERED COPY MADE BY ME OF INFORMATION CONTAINED IN THE  
 COMPUTER DATABASE REGARDING THE OFFENDER'S ACCOUNT. NP SIG: BH  
 PF1-HELP PF3-END ENTER NEXT TDCJ NUMBER: \_\_\_\_\_ OR SID NUMBER: \_\_\_\_\_

W18CA019

W18CA019



Humberto H. Gomez  
#02057999  
Hughes Unit  
3201 FM 929  
Gatesville, TX.

U.S. District Court, West  
U.S. District Clerks Office  
800 Franklin Ave., WAC